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ABSTRACT

Classes on lifestyling for the promotion of health for the elderly were offered to a senior citizens' group in a community center setting. The objectives of the sessions were: (1) to teach the importance of health maintenance and primary prevention throughout the aging process; (2) to disseminate information relative to diet, exercise, and stress reduction; (3) to expose senior citizens to a wellness-based concept of health as opposed to an illness-based concept; and (4) to emphasize it is never too late to focus on one's health. The ultimate goal of the program was to decrease complications from disease and to increase longevity. Holistic health classes included the topics of self-responsibility, nutritional awareness, physical fitness, environmental sensitivity, and stress management. To measure the program's effectiveness, 14 participants completed the Travis Wellness Inventory which measures wellness in degrees from premature death through a high level of wellness. The highest score was 90 out of a possible maximum score of 94 and the mean score for the respondents was 66.3. The most positive responses dealt with nutritional awareness, self-responsibility, expressing of emotions, and environmental safety (excluding automobile safety). The most negative responses dealt with physical activity, with few respondents reporting maintenance of a regular exercise program. This project demonstrated the efficacy of health promotion programs with the elderly, and similar programs are recommended. (Inventory questions are included.) (ABL)

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Life Styling for the Promotion of Health While Aging

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Life Styling for the Promotion of Health While Aging

ABSTRACT

The project was undertaken in cooperation with a newly established community center serving a population of nearly 15,000 suburban residents and in particular in cooperation with the social worker who serves as senior citizen coordinator for the facility. The principle investigator is a nurse educator who conducted the weekly series "Life Styling for the Promotion of Health" after advertising was placed in the Community Center's Bulletin for Seniors (no fees were charged). The goals of the project were 1) to preserve wellness based health maintenance concepts in contrast to illness based health care; 2) to share information relative to diet, exercise, stress management, environmental sensitivity, and the need for self-responsibility regarding health throughout the aging process; 3) to promote healthier life styles among the participants; and, 4) to facilitate dialogue with and among a self-selected group of senior citizens regarding general health practices conducive to promoting high level wellness. This preventive health program model had as its ultimate objectives: to decrease complications from disease and to increase longevity. This model is particularly appropriate as health educators encounter ever increasing numbers of well elderly who can be impacted before the ravages of depression and illness long associated with aging begin to take their toll. The goal of maintaining quality of life underlines programs of this nature and guides participants in their pursuit of healthy lifestyles.

Assessment techniques utilized by the author included administration of a health-style self test, a stress-symptoms check list, and a mailed instrument, the Travis Wellness Inventory. The later instrument used for evaluation of the project, yielded some interesting data. The most positive responses dealt with nutritional awareness, self responsibility, environmental safety (not including automobile safety which was low) and expression of emotions and feelings. Participants ranged in age from 60 to 78. The most negative responses dealt with the area of physical activity where few participants maintained a regular exercise program. Nearly all respondents were highly involved in their community as evidenced by their responses.

The project overall demonstrated the efficacy of educational offerings dealing with health promotion among the well elderly; particpants were enthusiastic and wanted weekly sessions to continue. With a small expenditure of professional time and procurring a location and some well targeted advertising similar ventures can be undertaken with many possible long term effects to the quality of life for elderly citizens.

Life Styling for the Promotion of Health While Aging

The author became interested in the topic of lifestyling for the promotion of health in conjunction with holistic health practices when she presented a lecture to senior citizens on this topic about one year ago (at SIUE). The five dimensions of holistic health selected for inclusion in her presentation were: self responsibility, nutritional awareness, physical fitness, environmental sensitivity, and stress management as outlined by Flynn (1980, pp. 130-141). Since this was a brief presentation it merely provided an overview of the topics and thus an introduction (for the author) to the content. The audience was very enthusiastic, a fact which sparked the author's continued interest in the area.

This past fall when it was learned that one of the year's objectives would be to implement a program, the author pursued her interest in reaching senior citizens and doing something with regard to lifestyling for the promotion of health while aging. The author is a twenty-year resident of the city of Bridgeton, and since the city had just opened a new community center with facilities and programming for senior citizens the author began there, making an appointment with the senior citizen coordinator.

At the author's first meeting in the fall with the coordinator she broached the subject of doing a series of sessions devoted to lifestyling for the promotion of health. The response was rather apathetic and was somewhat reminiscent of the seven steps to stagnation outlined in Braden and Herban (1976, p. 127) as follows: 1) we're not ready for that, 2) we've never done it that way, 3) we're doing alright without it, 4) we tried that once before, 5) it costs too much, 6) that's not our responsibility, 7) it just won't work. While not all of these points were apropos in this case, several were evidently operating.

The author still held to her idea however and several months later called the Senior Citizen coordinator reinterating her desire to present a series of sessions devoted to lifestyling for the promotion of health. It was a drab, cold, snow packed winter day. The reception this time was positive (maybe something was needed to round out her March programming?) and dates were set at once. A follow-up letter confirmed the series and advertising of the three sessions appeared in the spring issue of Bridgeton Seniority. Again, by hindsight it seems phenomenal that twenty-one senior citizens (ages 60 to 78) showed up for my first session in March of their own volition. A very nice room was provided for our class with windows facing the beautiful wooded park area where the Community Center is located. A blackboard and plenty of space for dissemination of materials was included. The center is new and the furnishings are warm and friendly.

The objectives for my sessions as outlined in my letter to the coordinator were as follows:

1. to expose a senior citizen population to content regarding health maintenance and primary prevention as it is related to health throughout the aging process,
2. to disseminate information relative to diet, exercise, and stress reduction in promoting healthy hearts,
3. to facilitate dialogue with a selected group of senior citizens regarding general health practices and positive life styles in promoting high level wellness in general,
4. to expose the senior citizens to a wellness-based concept of health as opposed to an illness-based approach with appropriate comparisons between the two systems, and,
5. to repeatedly emphasize that it is never too late to begin focusing on one's health.

These objectives were written before acquiring Suchman's (1967) general considerations regarding objectives: i.e. 1) changing knowledge, attitudes or behavior or exposing to new content, 2) identifying target of program, 3) identifying when the desired change is to take place, 4) identifying unitary or multiple objectives (series of changes or a single change anticipated), 5) desired magnitude of effect, and how the objective is to be attained.

When compared with Suchman's (1967) definition of evaluative research: i.e., "evaluative research is a specific form of applied research whose primary goal is not the discovery of knowledge but rather a testing of the application of knowledge", the objectives didn't seem quite so modest as on first glance. At any rate, the author had made them and they guided the program. The author was particularly grateful to Suchman (1967) for his verbs regarding magnitude of effect when he stated that this may mean amelioration of a problem (or lessened damage) rather than total prevention or elimination of a problem.

The questions to senior citizens that were in the authors mind at this early stage regarding evaluation of the program ran something like this: 1) have you actually changed your health practices since participation in lifestyling for the promotion of health, and 2) have you increased your knowledge level regarding health promotion since attending the session on lifestyling? In retrospect these questions were implicit in the tool ultimately chosen for evaluation, John Travis's Wellness Inventory (as appearing in Flynn (1980) p. 142-148). This tool actually measures wellness behaviors engaged in by respondents (see Appendix A for the Travis tool as mailed to the twenty-one senior citizen participants). The measurement of outcomes associated with participation in the classes using this tool was admittedly a compromise certainly recognized by the author. In defense of the tool, it seemed to cover the content which I had presented and was made known to the author by a faculty colleague.

The research design used was X O where X represents the program and O the observation or measurement as outlined in Shortell (1978). Admittedly this design contains threats to internal validity such as history effects (newspaper articles, educational TV, anything devoted to health topics), maturational effects (what's happening inside an individual), and particularly testing effects which suggest that evaluation would have been more useful if there had been a testing of the participants before exposure to the program as well as after (Shortell, 1978).

The assumption underlying an educational approach to preventive health such as that presented by the author's program is that persons will change their attitudes or behavior or both as a result of exposure to selected content. As stated by Weisberg and Bowen (1977), some persons do not have firm attitudes on certain topics so part of a reported trend may result from meaningless variation in non-attitudes. Also, they point to the problem of persons answering surveys in a way that will be desirable to the investigator, in essence, to report favorable attitudes or behaviors. The current evaluation tool, Wellness Inventory, certainly could be answered in a way to present each respondent in a favorable light with regard to health behaviors. The author extracted the following quote from an article by Hochbaum (1982 p. 15) which seems particularly important with regard to these problems in evaluating health education programs.

> "An argument can be made that mere educational means cannot affect behavior directly. It is the very nature of health education, indeed of all education, that it can affect only cognitive and affective processes within the individual, in the hope that these processes will lead to desirable decisions and behaviors. Thus, the immediate educational objectives are to create or strengthen those facilitators and to weaken or remove those risk factors of unhealthful behaviors that are of a cognitive affective nature.

While seemingly modest in approach the above statement honestly embraces what we can expect as health educators when we expose certain populations to our teaching or, as the old adage goes, "You can lead a horse to water, but you can't make him drink".

In reading for this paper, the author also found another reference that was helpful in the same regard though it dealt with gradients of expected outcomes (Franklin and Thrasher, 1976, p. 82). The example was given of a client whose educator sought for him an educational goal with gradients apparent as follows:

1) client - no attempt to enroll in high school
2) client enrolled in high school but has dropped out
3) client enrolled but misses more than a third of classes each week
4) client enrolled but as no vocational goals
5) client enrolled, attends consistently and has a vocational goal.

Weights are thereby assigned to each gradient of goal attainment. One could easily transfer this example to one regarding health practices as follows.

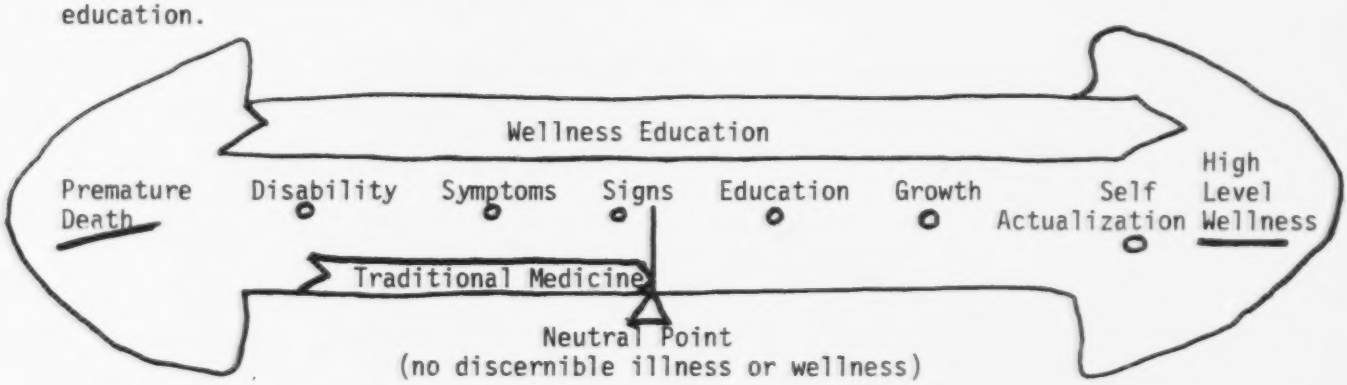
1) client - no attempt to enroll in stop smoking program
2) client enrolled but does not attend
3) client enrolled but continues to smoke
4) client enrolled and takes steps to stop smoking
5) client completes program and stops smoking

This kind of scaling could be applied to a variety of health behaviors and administered to a variety of target populations. It seems that the telephone surveys that this author has been exposed to are utilizing some kind of gradient scaling in their questions regarding adherence to selected products or services, on the market. A point regarding telephone surveys was recently encountered. The senior citizens which I have spoken with are very seldom recipients of such calls and if this is so, are under represented in such sampling. As the senior citizen population continues to grow, however, marketing research will need to change.

A related point made by Rossi, et al (1979) in discussing evaluation of programs asks if the program is reaching the persons, households, or other target units needful of the information. In the current program given by this author it would seem that there is a large potential audience relatively untouched by the content covered. The five dimensions of holistic health selected for inclusion: 1) self-responsibility, 2) nutritional awareness, 3) physical fitness, 4) environmental sensitivity, and 5) stress management were received enthusiastically by this small target group. They completed the health style self test between the first and second session but kept their own scores (I did not collect them). The stress symptom checklist (Blatner 1981, p. 155) was given verbally to the group and they responded silently for their own self-knowledge. If I were doing this again in the future, I would collect these data. The senior citizens in this group were self-selected and as such were motivated volunteers. This is important to keep in mind as the author moves now to discuss analysis of the data collected on this sample group approximately three weeks after the lifestyling for the promotion of health series had ended. Please see appendix A for Wellness Inventory as mailed to participants with a cover letter. According to the senior citizens coordinator, senior citizens who are regular attendees at the Community Center events are relatively affluent, own their own homes, and drive their own cars. Based upon my own observations, although I collected no demographic data of this nature, I would tend to agree with her. What this may mean is that I was interacting with a somewhat elite group of senior citizens for want of a better term, and that this may have influenced the results I obtained.

The Travis tool (see appendix A) is divided into ten subsets: 1) productivity, relaxation, sleep; 2) personal care and home safety; 3) nutritional awareness; 4) environmental awareness; 5) physical activity; 6) expression of emotions

and feelings; 7) community involvement; 8) creativity, self expression; 9) automobile safety; and, 10) parenting. Many of the items on the scale are referenced by Travis as to content validity in terms of health. The reliability of the instrument is not directly addressed though if one honestly answers the questions it would seem to yield a fairly accurate index of adherence to healthful behaviors. The respondents are asked to put a mark by each statement which is true for themselves. As Travis (1977) says "this questionnaire will help give you an idea about where you presently are on the wellness scale". As he explains, the idea of helping people attain high levels of wellness are relatively new. Most people still think that absence of illness indicates wellness, which is not true. There are many degrees of wellness just as there are many degrees of illness. Travis (1977) gives the following diagram to illustrate this point and as a model for wellness education.



As stated earlier, twenty-one questionnaires were mailed to senior citizens who had participated in the author's program. All questions are worded so that agreement with the item (marked true for you) constitutes an affirmative or positive reply. Those items left blank, conversely, constitute either non applicability for oneself or a negative reply.

Out of the total sample (N=21) there were fourteen (N=14) replies constituting a return rate of 66.6%. The total possible maximum score on the instrument (Wellness Inventory) as given to senior citizens in this sample was 94.

The range of scores for those completing the form (N=14) was 26 to 90 with the score of 26 being held by a subject who failed to finish the last two pages of the instrument. The range for the rest of the subjects was 44 to 90, with five scores being in the sixties, four scores in the seventies, two scores in the fifties, and one of 44 and one of 90. The model range of scores for these senior citizens was thus found to be in the sixties. The mean score for 13 subjects was 66.3.

An item by item analysis was thereupon undertaken by the author with the following results.

Item #		Affirmative Replies
1.	I usually enjoy working at something.	13
2.	I seldom feel tired and run-down (except after strenuous work).	7
3.	I fall asleep easily at bedtime.	9
4.	I usually get a full night's sleep.	11
5.	If awakened, it is usually easy for me to go to sleep again.	7
6.	I rarely bite or pick at my nails.	14
7.	I feel financially secure.	10
8.	I meditate or have a quiet time for thinking every day (10-20 minutes).	11
9.	We take measures to protect our home from fire and safety hazards.	13
10.	We have a dry chemical fire extinguisher in our kitchen and at least one other extinguisher elsewhere in our living quarters. (If very small apartment, kitchen extinguisher alone is adequate).	5
11.	I regularly use dental floss.	3
12.	I smoke less than one pack of cigarettes or equivalent cigars or pipes per week.	13
13.	I don't smoke at all. (If this statement is true, mark above true as well.)	13
14.	I know what immunizations I have received.	9
15.	I have fewer than three colds per year.	13
16.	I minimize my exposure to sprays, chemical fumes or exhaust gases.	12
17.	I avoid extremely noisy areas (or wear protective ear plugs).	12
18.	I am aware of changes in my physical or mental state and seek professional advice about any which seem unusual.	12
19.	I check my breasts for unusual lumps once a month. (Females)	7
20.	I brush my teeth at least twice daily.	11
21.	If uncircumcised, I am aware of the special need for regular cleansing under my foreskin. (Males)	2

22.	I take a bath at least 2-3 times a week.	13
23.	I eat at least one uncooked fruit or vegetable each day.	9
24.	I do not drink alcoholic beverages.	9
25.	I drink fewer than five soft drinks per week.	11
26.	I avoid eating high cholesterol foods or foods with sugar added.	7
27.	I add little or no salt to my food.	13
28.	I read the labels for the ingredients of the foods I buy.	8
29.	I make it a point to eat fiber foods every day.	10
30.	I drink fewer than three cups of coffee or tea a day.	8
31.	I have a good appetite and maintain a weight within 10 pounds of my ideal weight.	13
32.	I can honestly say my diet is well balanced.	9
33.	I use public transportation, carpool, or walk when possible.	6
34.	I turn off unneeded lights or appliances.	12
35.	I recycle papers, cans, glass, clothing, books and organic waste. (Mark true if you do at least three of these.)	10
36.	I set the thermostat at 68° or lower in winter.	3
37.	I use air conditioning only when necessary and keep the thermostat at 76° or higher.	10
38.	I am conscientious about wasted energy and materials at home.	14
39.	I use nonpolluting cleaning agents.	11
40.	My car gets at least 18 miles per gallon.	3
41.	I have storm windows and adequate insulation in attic and walls. (If you don't own your home or live in a mild climate, check this statement as true.)	12
42.	I have a humidifier for use in winter. (IF you don't have central heating, check this statement as true.)	8
43.	I climb stairs rather than ride elevators.	7
44.	My daily activities include vigorous physical effort (such as running, bicycling, carrying and lifting things, walking, etc.	9
45.	My daily activities include vigorous physical effort (such as heavy construction work, farming, moving heavy objects by hand, etc.).	0
46.	I have all my own teeth.	3
47.	I regularly walk or ride a bike for exercise.	7
48.	I am active in a sport regularly.	5
49.	I do calisthenics or some form of exercise at least 2 times per week.	8
50.	I am usually happy.	11
51.	I think it is OK to feel angry, afraid, joyful or sad.	13
52.	I do not deny my anger, fear, joy or sadness, but instead find constructive ways to express these feelings most of the time.	9
53.	I am able to say "no" to people without feeling guilty.	9

54.	It is easy for me to laugh.	10
55.	I like getting compliments and recognition from other people.	13
56.	I feel OK about crying, and allow myself to do so.	7
57.	I listen to and think about constructive criticism rather than react defensively.	11
58.	I would seek help from friends or professional counselors if needed.	13
59.	It is easy for me to give other people sincere compliments and recognition.	13
60.	I keep informed of local, national and world events.	12
61.	I vote in elections.	11
62.	I take interest in community, national and world events and work to support issues and people of my choice. (I this statement is true, mark both items above true as well.)	9
63.	When I am able, I contribute time or money to worthy causes.	12
64.	I make attempts to know my neighbors.	10
65.	If I saw a crime committed, I would call the police.	11
66.	If I saw a broken bottle lying in the road or on the sidewalk, I would remove it.	12
67.	When driving, I am considerate of pedestrians and other drivers.	10
68.	If I saw a car with faulty lights, leaking gasoline or another dangerous condition, I would attempt to inform the driver.	9
69.	I am a member of one or more organizations.	13
70.	I enjoy expressing myself through art, dance, music, drama, sports,etc.	7
71.	I enjoy spending some time without planned or structured activities.	13
72.	I usually meet several people a month who I would like to get to know better.	10
73.	I enjoy touching other people.	6
74.	I enjoy being touched by other people.	7
75.	I have at least five close friends.	10
76.	At times I like to be alone.	13
77.	I like myself and look forward to the future.	10
78.	I look forward to living to be at least 85 or 90.	9
79.	I find it easy to express concern, love, and warmth to those I care about.	11
80.	I never drink when driving.	10
81.	I never ride with anyone who has been drinking.	12
82.	I wear a shoulder-lap belt at least 90% of the time that I ride in the car.	7
83.	I stay within 5 m.p.h. of the speed limit.	10
84.	I frequently inspect automobile tires, lights, etc. and have my car serviced regularly.	10
85.	I'm satisfied with how I'm doing now.	12

86.	I think I've been successful.	11
87.	I carry emergency flares or reflectors and a fire extinguisher in my car.	2
88.	I stop on yellow when a traffic light is changing.	8
89.	For every 10 m.p.h. of speed, I maintain a car length's distance from the car ahead of me.	8
90.	When riding in a car, I make certain that any child weighing under 50 pounds is secured in an approved child's safety seat or safety harness similar to those sold by the major auto manufacturers.	1
91.	When riding in a car, I make certain that any child weighing over 50 pounds is wearing an adult seat belt/shoulder harness.	1
92.	I am careful not to store cleaning products under the sink or in unlocked cabinets where a child could reach them.	5
93.	I almost never have headaches.	8
94.	I know at least one good way to relax if I'm feeling "up tight".	11

Of the item responses the author notes a few very interesting findings, ones in which there was close to total agreement or disagreement by all respondents. For example, on item number six (I rarely bite or pick my nails) there was total agreement (N=14). Maybe this is not surprising when it is learned that most had dentures! Similarly, on item twelve and thirteen (regarding smoking) it was found that 13 out of 14 respondents were non-smokers. Item number 15 (I have fewer than three colds per year yielded 13 affirmative replies. Items 16, 17, and 18 regarding personal care held highly affirmative responses with 12 persons answering positively. Conversely, only 3 persons said they have a fire extinguisher in their home (item number 11). Item number 21 in essence told the author how many males and returned questionnaires since it concerned circumcision (N=2). Item number 19, therefore, indicated that seven out of the twelve female respondents check their breasts monthly for unusual lumps.

Among these senior citizens, 13 out of 14 add little or no salt to their food (item number 27) but only 7 out of 14 avoid eating high cholesterol foods or foods with sugar added (item number 26). Since there were predominantly women

attendees, this latter finding may be sex-related. Ten of the fourteen respondents eat fiber foods every day (item number 29) and thirteen report a good appetite and weighed within 10 pounds of ideal (item number 31). Less than half of the respondents use public transportation and even less (N=3) set their thermostats below 68° in winter. Only three respondents drive cars that average at least 18 miles per gallon of gas. None of the respondents indicated that they were involved in strenuous work daily (item number 45). Only nine persons indicated some daily form of physical conditioning/exercise. Seven said they regularly walk, swim, or ride a bike for exercise (item number 47). Only three respondents had their own teeth. All respondents agreed that it was OK to feel angry, afraid, joyful or sad (item number 51). All said they would seek help from friends or professional counselors if needed. All said they felt OK about crying (item number 56).

On another topic, twelve of the respondents said they keep informed of local, national, and world events, and eleven are active voters (now we substantiate again what legislators know). All are members of one or more organizations (item number 69).

Responses to items 73 and 74 were very interesting: only six of the respondents enjoy touching other people and seven do not like to be touched! So much for touching among this cohort-perhaps we are making inaccurate assumptions about this area in the literature as well. All said they sometimes liked to be alone; ten said they liked themselves and looked forward to the future and twelve said they were satisfied with how they were doing now; eleven said they thought they had been successful.

Based upon the above findings, one could say that this small group of senior citizen respondents scored very positively with regard to wellness as operationalized by the John Travis (1977) instrument. An exception would be in the physical activity realm where there were only 40% affirmative response figure; to obtain this, the author multiplied the number of items (questions) in the subset (questions 43-49) times 14 respondents which equalled 98 possible affirmative answers -- of this number only 39 affirmative replies were obtained and 39 is 40% of 98.

There was a 72% affirmative response rate to the subset of questions (1-8) devoted to productivity, relaxation, and sleep. There was a 70% affirmative reponse rate to the subset of questions (9-22) dealing with personal care. There was a 69% affirmative response rate to the subset of questions (23-32) devoted to nutritional awareness. There was a 63% affirmative response rate to the subset of questions (33-42) dealing with environmental awareness. The questions in the physical activity category (43-49) produced the lowest percentage (40%) of affirmative replies as referred to earlier at the beginning of the presentation of findings. This group was very "emotionally aware" according to their answers regarding expression of emotions and feelings (questions 50-59) with an 84% affirmative response rate. There was also an 84% affirmative response rate to questions regarding community involvement (questions 60-69).

There was a 74% affirmative response rate to the subset of questions (70-79) which dealt with creativity and self expression. There were only 69% affirmative responses to the subset of questions (80-89) dealing with automobile safety. The questions 90-92 dealing with parenting were not answered by many respondents even though it was thought beforehand they might answer in regard to grandchildren. The last subset (93-94) of questions yielded a 73% affirmative response rate and dealt

with expression of emotions and as such might have been included with the ones (50-59) referred to earlier. As it turned out the questions served as a check on the accuracy of the earlier questions in this realm which were also positive and to a greater extent. No statistical treatments were applied to the data since the level of data obtained was not appropriate for such treatment. The author instead chose frequency counts and percentages and one group mean (66.3 on the Wellness Inventory) to present the findings.

The efficacy of educational offerings such as that described in this paper can be substantiated through the use of evaluative questionnaires to some extent. However, because of the small sample size and limitations associated with the instrument it would be unwise to make any sweeping generalizations. I would rather like to think that with a small expenditure in terms of procuring a location and securing advertising one could take this program to churches and organizations for senior citizens with good response. The enthusiasm evidenced by the participants alone provided enough feedback to me regarding the eagerness of this age group to hear the content. I also learned from them much about what it means to grow older in our society. Nurses and particularly public health nurses can benefit from exposure to the well-elderly for they give us a frame of reference and perspective to judge our own busy lives and provide us with meaningful role models. The community is certainly richer for having these healthy seniors in its midst and for those actively working toward greater community involvement.

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ATTACHMENT A

WELLNESS INVENTORY
by John Travis

Please put a MARK by each statement which is TRUE for you.

_____ 1. I usually enjoy working at something.

_____ 2. I seldom feel tired and rundown (except after strenuous work).

_____ 3. I fall asleep easily at bedtime.

_____ 4. I usually get a full night's sleep.

_____ 5. If awakened, it is usually easy for me to go to sleep again.

_____ 6. I rarely bite or pick at my nails.

_____ 7. I feel financially secure.

_____ 8. I meditate or have a quiet time for thinking every day (10-20 minutes).

_____ 9. We take measures to protect our home from fire and safety hazards.

_____10. We have a dry chemical fire extinguisher in our kitchen and at least one other extinguisher elsewhere in our living quarters. (If very small apartment, kitchen extinguisher alone is adequate.)

_____11. I regularly use dental floss.

_____12. I smoke less than one pack of cigarettes or equivalent cigars or pipes per week.

_____13. I don't smoke at all. (If this statement is true, mark above true as well.)

_____14. I know what immunizations I have received.

_____15. I have fewer than three colds per year.

_____16. I minimize my exposure to sprays, chemical fumes or exhaust gases.

_____17. I avoid extremely noisy areas (or wear protective ear plugs).

_____18. I am aware of changes in my physical or mental state and seek professional advice about any which seem unusual.

_____19. I check my breasts for unusual lumps once a month. (Females)

_____20. I brush my teeth at least twice daily.

_____21. If uncircumcised, I am aware of the special need for regular cleansing under my foreskin. (Males)

_____22. I take a bath at least 2-3 times a week.

_____23. I eat at least one uncooked fruit or vegetable each day.

_____24. I do not drink alcoholic beverages.

_____25. I drink fewer than five soft drinks per week.

_____26. I avoid eating high cholesterol foods or foods with sugar added.

_____27. I add little or no salt to my food.

_____28. I read the labels for the ingredients of the foods I buy.

_____29. I make it a point to eat fiber foods every day.

_____30. I drink fewer than three cups of coffee or tea a day.

_____31. I have a good appetite and maintain a weight within 10 pounds of my ideal weight.

_____32. I can honestly say my diet is well balanced.

_____33. I use public transportation, carpool, or walk when possible.

_____34. I turn off unneeded lights or appliances.

_____35. I recycle papers, cans, glass, clothing, books and organic waste. (Mark true if you do at least three of these.)

_____36. I set the thermostat at 68° or lower in winter.

_____37. I use air conditioning only when necessary and keep the thermostat at 76° or higher.

_____38. I am conscientious about wasted energy and materials at home.

_____39. I use nonpolluting cleaning agents.

_____40. My car gets at least 18 miles per gallon.

_____41. I have storm windows and adequate insulation in attic and walls. (If you don't own your home or live in a mild climate, check this statement as true.)

_____42. I have a humidifier for use in winter. (If you don't have central heating, check this statement as true.)

_____43. I climb stairs rather than ride elevators.

_____44. My daily activities include at least moderate physical exercise such as running, bicycling, carrying and lifting things, walking, etc.

_____45. My daily activities include vigorous physical effort (such as heavy construction work, farming, moving heavy objects by hand, etc.).

_____46. I have all my own teeth.

_____47. I regularly walk or ride a bike for exercise.

_____48. I am active in a sport regularly.

_____49. I do calesthenics or some form of exercise at least 2 times per week.

_____50. I am usually happy.

_____51. I think it is OK to feel angry, afraid, joyful or sad.

_____52. I do not deny my anger, fear, joy or sadness, but instead find constructive ways to express these feelings most of the time.

_____53. I am able to say "no" to people without feeling guilty.

_____54. It is easy for me to laugh.

_____55. I like getting compliments and recognition from other people.

_____56. I feel OK about crying, and allow myself to do so.

_____57. I listen to and think about constructive criticism rather than react defensively.

_____58. I would seek help from friends or professional counselors if needed.

_____59. It is easy for me to give other people sincere compliments and recognition.

_____60. I keep informed of local, national and world events.

_____61. I vote in elections.

_____62. I take interest in community, national and world events and work to support issues and people of my choice. (If this statement is true, mark both items above true as well.)

_____63. When I am able, I contribute time or money to worthy causes.

_____64. I make attempts to know my neighbors.

_____65. If I saw a crime committed, I would call the police.

_____66. If I saw a broken bottle lying in the road or on the sidewalk, I would remove it.

_____67. When driving, I am considerate of pedestrians and other drivers.

_____68. If I saw a car with faulty lights, leaking gasoline or another dangerous condition, I would attempt to inform the driver.

_____69. I am a member of one or more organizations.

_____70. I enjoy expressing myself through art, dance, music, drama, sports, etc.

_____71. I enjoy spending some time without planned or structured activities.

_____72. I usually meet several people a month who I would like to get to know better.

_____73. I enjoy touching other people.

_____74. I enjoy being touched by other people.

_____75. I have at least five close friends.

_____76. At times I like to be alone.

_____77. I like myself and look forward to the future.

_____78. I look forward to living to be at least 85 or 90.

_____79. I find it easy to express concern, love, and warmth to those I care about.

_____80. I never drink when driving.

_____81. I never ride with anyone who has been drinking.

_____82. I wear a shoulder-lap belt at least 90% of the time that I ride in a car.

_____83. I stay within 5 mph of the speed limit.

_____84. I frequently inspect automobile tires, lights, etc. and have my car serviced regularly.

_____85. I'm satisfied with how I'm doing now.

_____86. I think I've been successful.

_____87. I carry emergency flares or reflectors and a fire extinguisher in my car.

_____88. I stop on yellow when a traffic light is changing.

_____89. For every 10 mph of speed, I maintain a car length's distance from the car ahead of me.

_____90. When riding in a car, I make certain any child weighing under 50 pounds is secured in an approved child's safety seat or safety harness similar to those sold by the major auto manufacturers.

_____91. When riding in a car, I make certain that any child weighing over 50 pounds is wearing an adult seat belt/shoulder harness.

_____92. I am careful not to store cleaning products under the sink or in unlocked cabinets where a child could reach them.

_____93. I almost never have headaches.

_____94. I know at least one good way to relax if I'm feeling "up tight".

TOTAL OF ALL ITEMS CHECKED: _____

4/82-Perry
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